

## Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

### **Amerisure Mutual Insurance Company, Amerisure Insurance Company, Amerisure Partners Insurance Company**

To get information or file a complaint with your insurance company or HMO:

**Call: Amerisure Service Representative at 1-800-257-1900**

**Toll-free: 1-800-441-0293**

Email: [corpcomm@amerisure.com](mailto:corpcomm@amerisure.com)

Mail: 5221 North O'Connor Blvd., Suite 400, Irving, TX 75039

### **The Texas Department of Insurance**

To get help with an insurance question or file a complaint with the state:

Call: 1-800-252-3439

Online: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714

## ¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

### **Amerisure Mutual Insurance Company, Amerisure Insurance Company, Amerisure Partners Insurance Company**

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

**Llame a: Amerisure Service Representative at 1-800-257-1900**

**Teléfono gratuito: 1-800-441-0293**

Correo electrónico: [corpcomm@amerisure.com](mailto:corpcomm@amerisure.com)

Dirección postal: 5221 North O'Connor Blvd., Suite 400, Irving, TX 75039

### **El Departamento de Seguros de Texas**

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame: 1-800-252-3439

En línea: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714

## **BUSINESS AUTO POLICY NAMED EXCLUDED PERSON NOTICE AND AUTHORIZATION**

Your Business Auto Policy provides you with broad protection. Under its liability provisions, we cover you and anyone else driving with your permission a covered auto.

Your premium is based in part on your driving record and the driving record of any other insured.

If several persons are insured under your policy, one may have a driving record which would justify us in increasing your premium or even in canceling or not offering to renew your policy.

In such case, to keep your premium down or avoid cancellation or nonrenewal, you might wish to exclude an individual from coverage under your policy. The "Named Driver Exclusion Endorsement" is used for this purpose.

If you sign this authorization:

1. We will attach a "Named Driver Exclusion Endorsement" to your policy. This will exclude an individual from all coverages under your policy;
2. We will not cancel or fail to renew your policy based on the named excluded person's driving record;
3. You, however, may be liable for accidents or losses which happen while the named excluded person is driving a covered auto or another vehicle. These accidents or losses will not be covered by your Business Auto Policy.

Having considered the above, I authorize you to add a "Named Driver Exclusion Endorsement" to my Business Auto Policy, and any renewal of it; until I revoke this authorization in writing.

Named Excluded Person: LAIJAS, CODY

Signature of Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_

**MOTOR VEHICLE CRIME PREVENTION AUTHORITY (MVCPA)**

**NOTICE**

Your payment includes a \$4.00 fee per vehicle each year. This fee helps fund:

- auto burglary, theft, and fraud prevention;
- criminal justice efforts; and
- trauma care and emergency medical services for victims of accidents due to traffic offenses.

By law, we send this fee to the Motor Vehicle Crime Prevention Authority (MVCPA).

AN 13 10 07 19



POLICY NUMBER: CA 20859800801  
ACCOUNT NUMBER: 20043450

IL DS 71 05 02 08

## COMMON POLICY DECLARATIONS

<b>AMERISURE INSURANCE COMPANY</b> 26777 HALSTED ROAD FARMINGTON HILLS, MI 48331-3586	<b>IBTX - SAN ANTONIO</b> 10101 REUNION PL, #100 SAN ANTONIO, TX 78216  0755308-15
NAMED INSURED: <u>SYSTEM CONTROLS &amp; INSTRUMENTATION, LLC DBA SCI</u>	
MAILING ADDRESS: <u>5404 FM 1044</u> <u>NEW BRAUNFELS, TX 78130</u>	
POLICY PERIOD: FROM <u>02/06/2021</u> TO <u>02/06/2022</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.	

BUSINESS DESCRIPTION	CONTRACTOR
----------------------	------------

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ <u>102,386.00</u>
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
<b>TOTAL:</b>	<b>\$ <u>102,386.00</u></b>
Premium shown is payable: \$ _____ at inception. \$ <u>102,386.00</u>	

Issue Date: 02/25/2021

IL DS 71 05 02 08

INSURED COPY

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EXHIBIT D

**FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):**

"SEE FORMS & ENDORSEMENT SCHEDULE"

Countersigned:

(Date)

By:

(Authorized Representative)

**NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

POLICY NUMBER: CA 20859800801

COMMERCIAL AUTO  
CA DS 70 01 09 06**BUSINESS AUTO DECLARATIONS**

AMERISURE INSURANCE COMPANY 26777 HALSTED ROAD FARMINGTON HILLS, MI 48331-3586	IBTX - SAN ANTONIO 10101 REUNION PL, #100 SAN ANTONIO, TX 78216
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**ITEM ONE**

<b>Named Insured:</b> SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI	
<b>Mailing Address:</b> 5404 FM 1044 NEW BRAUNFELS, TX 78130	
<b>Policy Period</b>	
<b>From:</b> 02/06/2021	
<b>To:</b> 02/06/2022	At 12:01 A.M. Standard Time at your mailing address.
<b>Previous Policy Number:</b> CA 20859800701	

**Form Of Business:**
☐  
☐
Corporation  
Partnership
☒  
☐
Limited Liability Company  
Other:☐

Individual

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

<b>Premium shown is payable at inception:</b> \$102,386.00
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>
<i>SEE FORMS AND ENDORSEMENTS SCHEDULE</i>

Motor Vehicle Crime Prevention Authority \$4.00 (See enclosed explanation.)

Issue Date: 02/25/2021

INSURED COPY

CA DS 70 01 09 06

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**EXHIBIT D**

**Countersignature Of Authorized Representative****Name:****Title:****Signature:****Date:****NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

**ITEM TWO****Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

<b>Coverages</b>	<b>Covered Autos</b>	<b>Limit</b>	<b>Premium</b>
<b>Liability</b>	<b>1</b>	<b>\$SEE SCHEDULE</b>	<b>\$ 67,861.00</b>
<b>Personal Injury Protection (Or Equivalent No-Fault Coverage)</b>		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible.	\$
<b>Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)</b>		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
<b>Property Protection Insurance (Michigan Only)</b>		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
<b>Auto Medical Payments</b>		\$	\$
<b>Medical Expense And Income Loss Benefits (Virginia Only)</b>		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
<b>Uninsured Motorists</b>		\$	\$
<b>Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)</b>		\$	\$

## ITEM TWO

## Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit		Premium
Physical Damage Comprehensive Coverage	7 8	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$SEE SCHEDULE	Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	\$ 11,049.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$SEE SCHEDULE	Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four For Hired Or Borrowed Autos.	\$
Physical Damage Collision Coverage	7 8	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$SEE SCHEDULE	Deductible For Each Covered Auto. See Item Four For Hired Or Borrowed "Autos".	\$ 22,773.00
Physical Damage Towing And Labor		\$	For Each Disablement Of A Private Passenger Auto.	\$
Broadened Towing Coverage		\$		\$
				\$
Premium For Endorsements			\$	375.00
Taxes and Surcharges			\$	328.00
Balance to Minimum			\$	
Estimated Total Premium*			\$	102,386.00
*This Policy May Be Subject To Final Audit.				



**ITEM THREE****Schedule Of Covered Autos You Own**

<b>Covered Auto Number: SEE SCHEDULE</b>							
Town And State Where The Covered Auto Will Be Principally Garaged			SEE SCHEDULE				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			SEE SCHEDULE				
<b>Purchased:</b>	Original Cost New Actual Cost New (N) Or Used (U)		\$ SEE SCHEDULE \$				
<b>Classification</b>							
<b>Radius Of Operation</b>	<b>Business Use</b> s=service r=retail c=commercial	<b>Size GVW, GCW Or Vehicle Seating Capacity</b>	<b>Age Group</b>	<b>Primary Rating Factor</b>		<b>Secondary Rating Factor</b>	<b>Code</b>
				<b>Liab.</b>	<b>Phy. Dam.</b>		
SEE SCHEDULE	SEE SCHEDULE	SEE SCHEDULE		SEE SCHEDULE	SEE SCHEDULE	SEE SCHEDULE	
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.				SEE LOSS PAYEE VEHICLE SCHEDULE			
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
<b>Coverages</b>		<b>Limit</b>		<b>Premium</b>			
<b>Liability</b>		\$ SEE SCHEDULE		\$ SEE SCHEDULE			
<b>Personal Injury Protection</b>		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
<b>Added Personal Injury Protection</b>		Stated In Each Added Personal Injury Protection Endorsement		\$			
<b>Property Protection Insurance (Michigan Only)</b>		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
<b>Auto Medical Payments</b>		\$		\$			
<b>Medical Expense And Income Loss Benefits (Virginia Only)</b>		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
<b>Comprehensive</b>		Stated In Item Two Minus \$ SEE SCHEDULE Deductible Shown		\$ SEE SCHEDULE			
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ SEE SCHEDULE Deductible Shown		\$ SEE SCHEDULE			
<b>Collision</b>		Stated In Item Two Minus \$ SEE SCHEDULE Deductible Shown		\$ SEE SCHEDULE			
<b>Towing And Labor</b>		\$ Per Disablement		\$			
<b>Broadened Towing Coverage</b>		\$		\$			

**ITEM FOUR****Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

<b>Liability Coverage – Rating Basis, Cost Of Hire</b>				
<b>State</b>	<b>Estimated Cost Of Hire For Each State</b>	<b>Rate Per Each \$100 Cost Of Hire</b>	<b>Factor (If Liability Coverage Is Primary)</b>	<b>Premium</b>
SEE SCHEDULE	\$ SEE SCHEDULE	\$		\$ SEE SCHEDULE
<b>Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)</b>				
<b>State</b>	<b>Estimated Number Of Days Equipment Will Be Rented</b>	<b>Base Premium</b>	<b>Factor</b>	<b>Premium</b>
		\$		\$
<b>Total Premium</b>				<b>\$ SEE SCHEDULE</b>

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**Physical Damage Coverage**

<b>Coverages</b>	<b>Limit Of Insurance</b>		
<b>Comprehensive</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Specified Causes Of Loss</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Collision</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Total Premium:</b>			\$

**ITEM FIVE****Schedule For Non-Ownership Liability**

<b>Named Insured's Business</b>	<b>Rating Basis</b>	<b>Number</b>	<b>Premium</b>
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	5	\$ 98.00
	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
<b>Total Premiums</b>			<b>\$ 98.00</b>

**ITEM SIX****Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns**

<b>Location No:</b>			
<b>(Check One)</b>		<b>Gross Receipts (Per \$100)</b>	<b>Mileage (Per Mile)</b>
<b>Estimated Yearly:</b>			
<b>Rates</b>			
<b>Liability</b>		\$	
<b>Auto Medical Payments</b>		\$	
<b>Medical Expense Benefits (VA Only)</b>		\$	
<b>Income Loss Benefits (VA Only)</b>		\$	
<b>Premiums</b>			
<b>Liability</b>		\$	
<b>Auto Medical Payments</b>		\$	
<b>Medical Expense Benefits (VA Only)</b>		\$	
<b>Income Loss Benefits (VA Only)</b>		\$	

Total Premiums	
Minimum Liability	\$
Minimum Auto Medical Payments	\$
Minimum Medical Expense Benefits (VA Only)	\$
Minimum Income Loss Benefits (VA Only)	\$
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$

Location Number	Address

When used as a premium basis:

#### FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation.

Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

#### FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

**Policy Number:** CA 20859800801

**Effective Date:** 02/06/2021

**Named Insured:** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

<u>Description</u>	<u>Amount</u>
TEXAS MVCPA FEE	328.00

Total

328.00

**Policy Number:** CA 20859800801 **Effective Date:** 02/06/2021  
**Named Insured:** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

<u>Form Number</u>	<u>Description</u>
A 40 10 05 20	TEXAS IMPORTANT NOTICE
A 3401	BUSINESS AUTO - NAMED EXCLUDED PERSON NOTICE AND AUTHORIZATION FORM
AN 13 10 07 19	MOTOR VEHICLE CRIME PREVENTION AUTHORITY (MVCPA)
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 70 66 07 14-BLK	(BLANKET)NOTICE OF CANCELLATION, NONRENEWAL OR MATERIAL CHANGE - THIRD PARTY
CA 00 01 10 13	BUSINESS AUTO COVERAGE FORM
CA 01 96 10 13	TEXAS CHANGES
CA 02 43 11 13	TEXAS CHANGES - CANCELLATION AND NONRENEWAL
CA 04 01 10 13	TEXAS STATED AMOUNT INSURANCE
CA 05 06 12 18	TX PUBLIC OR LIVERY PASSENGER CONVEYANCE AND ON-DEMAND DELIVERY SERVICE EXCL
CA 71 18 11 09	TEXAS ADVANTAGE COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT
CA 71 41 11 11	BODILY INJURY DEFINITION MODIFICATION
CA 71 65 09 11	DESIGNATED INSURED-PRIMARY NON-CONTRIB COV WHEN REQ BY INSURED CONTRACT OR CERT
CA 71 76 10 10	NAMED DRIVER EXCLUSION ENDORSEMENT
CA 99 44 10 13	LOSS PAYABLE CLAUSE

**Named Insured Schedule**

**POLICY NUMBER** CA 20859800801

**EFFECTIVE DATE** 02/06/2021

**NAMED INSURED** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

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**Named Insured**

SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

FOUR POINT SOLUTIONS, LLC

LINDALOU ENTERPRISES, LLC

SOUTH TEXAS E & I, LLC.

Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

Effective Date: 02/06/2021  
Policy Number: CA 20859800801

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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
001	2012 BTX DUMP TRAILER	16VDX1624C2310094	053 NEW BRAUNFELS, TX	78130	9,150	
002	2012 BTX DUMP TRAILER	16VDX2020C2610018	053 NEW BRAUNFELS, TX	78130	17,208	
003	1967 HOBR UTILITY TRAILER	12CW54127	012 LAREDO, TX	78040	24,000	
004	2007 RED T AXLE UTILITY TRAILER	1LVLA16W77CL10013	053 NEW BRAUNFELS, TX	78130	24,000	
005	2005 HMDE/UT 10 FT FLTBD TRA	92261	053 NEW BRAUNFELS, TX	78130	24,000	
006	2006 BLACK 16 FT TRAILER	5RHCT16226H003164	003 SAN ANTONIO, TX	78224	24,000	
007	2006 TRAVEL TRAILER	1EB1F322864012769	053 NEW BRAUNFELS, TX	78130		1,000
008	2009 GMC SIERRAC1500	3GTEC13C19G205098	012 LAREDO, TX	78041	29,055	
009	2004 CHEVROLET SILVERADOC3500	1GBJC34264E388891	053 NEW BRAUNFELS, TX	78130	30,210	
010	2007 FORD F250SUPER DUTY	1FTSX20517EB46402	053 NEW BRAUNFELS, TX	78130	31,765	

Veh #	Operation	Radius of Business Use	Zone	Size GVW, GCW or Vehicle Seating Capacity	Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
001	INTERMEDIATE	SERVICE	43		0.1500	0.8000	0.0000	67579
002	INTERMEDIATE	SERVICE	43		0.1500	0.8000	0.0000	67579
003	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68583
004	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68583
005	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68583
006	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68583
007	LOCAL		43		0.0000	0.0000	0.0000	7963
008	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
009	INTERMEDIATE	SERVICE	43		1.3000	0.9000	-0.0500	21583
010	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----		--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
Veh #	Limit	Premium	*Deductible	Premium	*Deductible	Premium	Limit
001	1,000,000	141					
002	1,000,000	141					
003	1,000,000	142					
004	1,000,000	141					
005	1,000,000	141					
006	1,000,000	181					
007	1,000,000	215					
008	1,000,000	1,155					
009	1,000,000	1,195					
010	1,000,000	1,147					

--UNINSURED/UNDERINSURED MOTORISTS--		--COMPREHENSIVE--		--SPECIFIED CAUSES--		--COLLISION--	
Veh #	Limit	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible
001			1,000	72			1,000
002			1,000	87			1,000
003							
004							
005							
006							
007							
008			1,000	157			1,000
009							
010							

---TOWING & LABOR---		--MEDICAL EXPENSE AND INCOME--		--LOSS BENEFITS (Virginia Only)--		EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss	
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium		
001					318.00	SEE LOSS PAYEE VEHICLE SCHEDULE	
002					387.00	SEE LOSS PAYEE VEHICLE SCHEDULE	
003					142.00		
004					141.00		
005					141.00		
006					181.00		
007					215.00		
008					1,450.00		
009					1,195.00		
010					1,147.00		

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*S=Standard B=Broadened L=Limited



Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

Effective Date: 02/06/2021  
Policy Number: CA 20859800801

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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
011	2001 FORD	F250SUPER DUTY 1FTNX20F71EC73586	053 NEW BRAUNFELS, TX	78130	27,190	
012	2012 FORD	F150 1FTMF1CM5CKD13879	053 NEW BRAUNFELS, TX	78130	27,690	
013	2003 GOOSENECK	36 FT BLACK TRA 41MBA35293W018802	053 NEW BRAUNFELS, TX	78130		
014	2009 12 FT BLACK	UTILITY TRAILER 4C9BU12269E104017	053 NEW BRAUNFELS, TX	78130		
015	2006 CHEVROLET	SILVERADOK2500 1GCHK23D96F209802	053 NEW BRAUNFELS, TX	78130	34,935	
016	2012 FORD	F350SUPER DUTY 1FDRF3GT1CEB29214	053 NEW BRAUNFELS, TX	78130	29,340	
017	2013 UTILITY	(T61) 5X8 GW TR 4YMUL0815DT017173	053 NEW BRAUNFELS, TX	78130	24,000	
018	2013 BLACK	(T62) D510 TRAI 4P5D51027D1191075	053 NEW BRAUNFELS, TX	78130	24,000	
019	2011 FORD	F150 1FTNF1CF7BKD98650	053 NEW BRAUNFELS, TX	78130	26,865	
020	2012 BIL JAX	TRAILER 5CUAJ2014CA000032	053 NEW BRAUNFELS, TX	78130	0	

Veh #	Radius of Operation	Business Use	Size GVW, GCW or Vehicle Seating Capacity	Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
011	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
012	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
013	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583
014	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583
015	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
016	INTERMEDIATE	SERVICE	43	1.3000	0.9000	-0.0500	21583
017	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583
018	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583
019	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
020	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----		--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
		--PROTECTION--		--ADDED P.I.P.--		(Michigan Only)	
Veh #	Limit	Premium	*Deductible	Premium	Premium	*Deductible	Premium
011	1,000,000	1,147					
012	1,000,000	1,147					
013	1,000,000	141					
014	1,000,000	141					
015	1,000,000	1,147					
016	1,000,000	1,195					
017	1,000,000	141					
018	1,000,000	141					
019	1,000,000	1,147					
020	1,000,000	141					

-----UNINSURED MOTORISTS-----		--SPECIFIED CAUSES--		--COLLISION-----	
--UNINSURED/UNDERINSURED MOTORISTS--		--COMPREHENSIVE--		--OF LOSS--	
Veh #	Limit	Premium	**Deductible	Premium	**Deductible
011					
012			1,000	159	
013					
014					
015					
016			1,000	123	
017					
018					
019			1,000	147	
020					

---TOWING & LABOR---		--MEDICAL EXPENSE AND INCOME--		EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss	
		--LOSS BENEFITS (Virginia Only)--			
		Limit stated in Each Medical and Income Loss Endorsement for Each Person			
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium
011					1,147.00
012					1,551.00
013					141.00
014					141.00
015					1,147.00
016					1,507.00
017					141.00
018					141.00
019					1,516.00
020					141.00

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*\*S=Standard B=Broadened L=Limited

CA DS 71 04 09 06

Issue Date: 02/25/2021

Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

Effective Date: 02/06/2021  
Policy Number: CA 20859800801

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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
021	2010 20FT HAULER TRAILER	4P55C2020A1144370	053 NEW BRAUNFELS, TX	78130	0	
022	2005 ROAD FORCE 14 FT TRAILER	SCI2014	053 NEW BRAUNFELS, TX	78130	0	
023	2007 HONDA CIVICEX	1HGFA16817L136982	003 SAN ANTONIO, TX	78247	19,510	
024	2015 GMC CANYONSLE	1GTG6BE32F1139299	003 SAN ANTONIO, TX	78247	34,010	
025	2013 CHEVROLET SILVERADOC2500	1GC1KXE86DF122581	053 SEGUIN, TX	78155	40,710	
026	2013 FORD F250SUPER DUTY	1FT7W2BT1DEB33892	053 SEGUIN, TX	78155	52,755	
027	2016 CHEVROLET SILVERADOC2500	1GC2CUEG5GZ123232	053 SEGUIN, TX	78155	36,330	
028	2016 CHEVROLET SILVERADOC2500	1GC2CUEG7GZ127217	053 SEGUIN, TX	78155	36,330	
029	2016 CHEVROLET SILVERADOC2500	1GC2CUEG5GZ123229	053 SEGUIN, TX	78155	36,330	
030	2014 FORD F250SUPER DUTY	1FT7W2BT8EEB66132	053 NEW BRAUNFELS, TX	78130	53,285	

Veh #	Radius of Operation	Business Use	Zone	Size GVW, GCW or Vehicle Seating Capacity	Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
021	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68583
022	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68583
023			43	3,000	0.0000	0.0000	0.0000	7398
024	INTERMEDIATE	SERVICE	43	8,000	1.2500	1.1500	-0.0500	01583
025	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
026	INTERMEDIATE	SERVICE	43	10,000	1.2500	1.1500	-0.0500	01583
027	INTERMEDIATE	SERVICE	43	10,000	1.2500	1.1500	-0.0500	01583
028	INTERMEDIATE	SERVICE	43	10,000	1.2500	1.1500	-0.0500	01583
029	INTERMEDIATE	SERVICE	43	10,000	1.2500	1.1500	-0.0500	01583
030	INTERMEDIATE	SERVICE	43	10,000	1.2500	1.1500	-0.0500	01583

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----				--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
				--PROTECTION--		--ADDED P.I.P.--		(Michigan Only)	
Veh #	Limit	Premium	*Deductible	Premium	Premium	*Deductible	Premium	Limit	Premium
021	1,000,000	141							
022	1,000,000	141							
023	1,000,000	689							
024	1,000,000	1,475							
025	1,000,000	1,147							
026	1,000,000	1,147							
027	1,000,000	1,147							
028	1,000,000	1,147							
029	1,000,000	1,147							
030	1,000,000	1,147							

-----UNINSURED MOTORISTS-----				--SPECIFIED CAUSES--		--UNINSURED/UNDERINSURED MOTORISTS--		--COMPREHENSIVE--		--OF LOSS--		-----COLLISION-----	
Veh #	Limit	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible
021													
022													
023													
024			1,000	171						1,000		329	
025			1,000	206						1,000		387	
026			1,000	206						1,000		387	
027			1,000	182						1,000		355	
028			1,000	182						1,000		355	
029			1,000	182						1,000		355	
030			1,000	206						1,000		418	

--TOWING & LABOR--				--MEDICAL EXPENSE AND INCOME--		--LOSS BENEFITS (Virginia Only)--		EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss	
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium				
021					141.00				
022					141.00				
023					689.00				
024					1,975.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
025					1,740.00				
026					1,740.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
027					1,684.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
028					1,684.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
029					1,684.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
030					1,771.00				

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*\*S=Standard B=Broadened L=Limited

Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

Effective Date: 02/06/2021  
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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
031	2015 FORD	TRANSITT-250	1FTNR1ZMXFKA34581	003 SAN ANTONIO, TX	78224	30,685
032	2016 MAGNUM	GOOSENECK TRAIL	1V5BB1823G1136501	053 NEW BRAUNFELS, TX	78130	6,595
033	1999 CHEVROLET	GMT-400K2500	1GCGK23R0XF069812	053 NEW BRAUNFELS, TX	78130	26,276
034	2008 FORD	FUSIONSEL	3FAHP081X8R220212	003 SAN ANTONIO, TX	78247	22,535
035	2016 CHEVROLET	COLORADO	1GCGSBE39G1370584	053 NEW BRAUNFELS, TX	78130	24,630
036	2016 CHEVROLET	COLORADO	1GCGSBE3XG1333186	053 NEW BRAUNFELS, TX	78130	24,630
037	2016 CHEVROLET	COLORADO	1GCGSBE33G1384366	053 NEW BRAUNFELS, TX	78130	24,630
038	2016 GMC	SIERRAC2500 HEA	1GT21REG8GZ387399	053 NEW BRAUNFELS, TX	78130	37,105
039	2016 HMDT	T93 BQ TRAILER	TR217901	053 NEW BRAUNFELS, TX	78130	9,250
040	2013 ZINGER	TRAV TRAILER	4V0TC2522DA017513	053 NEW BRAUNFELS, TX	78130	35,000

Veh #	Radius of Operation	Business Use	Zone	Size GVW, GCW or Vehicle Seating Capacity	Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
031	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
032	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68583
033	INTERMEDIATE	SERVICE	43	10,000	1.2500	1.1500	-0.0500	01583
034			43	0	0.0000	0.0000	0.0000	7398
035	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
036	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
037	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
038	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
039	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68599
040	LOCAL		43		0.0000	0.0000	0.0000	7963

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----				--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
				--PROTECTION--		--ADDED P.I.P.--		(Michigan Only)	
Veh #	Limit	Premium	*Deductible	Premium	Premium	*Deductible	Premium	Limit	Premium
031	1,000,000	1,475							
032	1,000,000	141							
033	1,000,000	1,147							
034	1,000,000	689							
035	1,000,000	1,147							
036	1,000,000	1,147							
037	1,000,000	1,147							
038	1,000,000	1,147							
039	1,000,000	141							
040	1,000,000	215							

-----UNINSURED MOTORISTS-----				--SPECIFIED CAUSES--		--UNINSURED/UNDERINSURED MOTORISTS--		--COMPREHENSIVE--		--OF LOSS--		-----COLLISION-----	
Veh #	Limit	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible
031			1,000	171							1,000	329	
032													
033													
034													
035			1,000	147							1,000	272	
036			1,000	147							1,000	272	
037			1,000	147							1,000	272	
038			1,000	182							1,000	355	
039			1,000	56							1,000	84	
040			1,000	220							1,000	340	

---TOWING & LABOR---			--MEDICAL EXPENSE AND INCOME--			EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss		
			--LOSS BENEFITS (Virginia Only)--					
			Limit stated in Each Medical and Income Loss Endorsement for Each Person					
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium			
031					1,975.00	SEE LOSS PAYEE VEHICLE SCHEDULE		
032					141.00			
033					1,147.00			
034					689.00			
035					1,566.00	SEE LOSS PAYEE VEHICLE SCHEDULE		
036					1,566.00	SEE LOSS PAYEE VEHICLE SCHEDULE		
037					1,566.00	SEE LOSS PAYEE VEHICLE SCHEDULE		
038					1,684.00	SEE LOSS PAYEE VEHICLE SCHEDULE		
039					281.00			
040					775.00			

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*S=Standard B=Broadened L=Limited

CA DS 71 04 09 06

Issue Date: 02/25/2021

Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

Effective Date: 02/06/2021  
Policy Number: CA 20859800801

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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
041	2013 ZINGER TRAV TRAILER	4V0TC2524DA017514	053 NEW BRAUNFELS, TX	78130		35,000
042	2016 GMC CANYONSLE	1GTH5CEA2G1108048	053 NEW BRAUNFELS, TX	78130	27,145	
043	2017 FORD TRANSITT-150	1FTYE9ZG0HKB22768	053 NEW BRAUNFELS, TX	78130	32,460	
044	2018 CHEVROLET SILVERADOK3500	1GB4KYCY1JF121604	053 NEW BRAUNFELS, TX	78130	54,988	
045	2017 HAULMARK ENCLOSED TRAILER	575CB0617HT356950	053 NEW BRAUNFELS, TX	78130	2,055	
046	2017 GMC CANYONSLE	1GTG5CENXH1253628	053 NEW BRAUNFELS, TX	78130	30,040	
047	2018 CHEVROLET SILVERADOC2500	1GC2CUEG8JZ120199	053 NEW BRAUNFELS, TX	78130	36,340	
048	2016 BBQ (T40) PIT TRAILER	AS051283BARQ	053 NEW BRAUNFELS, TX	78130	15,000	
049	1999 TITA TRAILER	TTCG12T35X4020699	053 NEW BRAUNFELS, TX	78130	0	
050	2018 GMC SIERRA K1500 SL	3GTU2NEC0JG510910	053 NEW BRAUNFELS, TX	78130	48,140	

Veh #	Radius of Operation	Business Use	Size GVW, GCW or Vehicle Seating Capacity	Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
041	LOCAL		43	0.0000	0.0000	0.0000	7963
042	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
043	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
044	INTERMEDIATE	SERVICE	43	1.3000	0.9000	-0.0500	21583
045	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583
046	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
047	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
048	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68599
049	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583
050	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----			--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
Veh #	Limit	Premium	*Deductible	Premium	Premium	*Deductible	Premium	Limit
041	1,000,000	215						
042	1,000,000	1,147						
043	1,000,000	1,147						
044	1,000,000	1,195						
045	1,000,000	141						
046	1,000,000	1,147						
047	1,000,000	1,147						
048	1,000,000	141						
049	1,000,000	141						
050	1,000,000	1,147						

-----UNINSURED MOTORISTS-----			--UNINSURED/UNDERINSURED MOTORISTS--		--COMPREHENSIVE--		--SPECIFIED CAUSES--		--COLLISION-----	
Veh #	Limit	Premium	**Deductible	Premium	Premium	**Deductible	Premium	**Deductible	Premium	Premium
041			1,000	220				1,000	340	
042			1,000	182				1,000	355	
043			1,000	204				1,000	399	
044			1,000	202				1,000	473	
045			1,000	34				1,000	40	
046			1,000	204				1,000	399	
047			1,000	216				1,000	422	
048			1,000	60				1,000	110	
049										
050			1,000	261				1,000	612	

---MEDICAL EXPENSE AND INCOME---  
 ---LOSS BENEFITS (Virginia Only)---  
 Limit stated in Each Medical and Income  
 Loss Endorsement for Each Person  
 EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss

---TOWING & LABOR---			Limit per Disablement		Premium		Limit		Premium		Total Vehicle Premium	
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium							
041					775.00							
042					1,684.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
043					1,750.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
044					1,870.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
045					215.00							
046					1,750.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
047					1,785.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
048					311.00							
049					141.00							
050					2,020.00	SEE LOSS PAYEE VEHICLE SCHEDULE						

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*\*S=Standard B=Broadened L=Limited

Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

Effective Date: 02/06/2021  
Policy Number: CA 20859800801

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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
051	2017 GMC SIERRA C1500	1GTN1LEC6HZ902215	053 NEW BRAUNFELS, TX	78130	29,500	
052	2017 GMC SIERRA C1500	1GTN1LEC4HZ904481	053 NEW BRAUNFELS, TX	78130	29,500	
053	2017 GMC SIERRA C1500	1GTN1LEC3HZ901300	053 NEW BRAUNFELS, TX	78130	29,500	
054	2018 FORD F150 SUPERCREW	1FTEW1E50JFE04834	053 NEW BRAUNFELS, TX	78130	63,945	
055	2019 FORD F250 SUPER DUTY	1FT7X2BT7KED82594	053 NEW BRAUNFELS, TX	78130	38,280	
056	2018 CARGO TRAILER	4YMCB122XJT022038	003 SAN ANTONIO, TX	78224	5,000	
057	2019 FORD F250 SUPER DUTY	1FT7W2BT1KEC96880	003 NEW BRAUNFELS, TX	78130	39,545	
058	2018 FORD F150 SUPER CAB	1FTEX1EP9JKG02981	003 NEW BRAUNFELS, TX	78130	44,610	
059	1999 CARGO TRAILER	4U01C1428XA990979	053 NEW BRAUNFELS, TX	78130	0	
060	2015 FORD F150 SUPER CAB	1FTEX1EP0FKE70877	003 NEW BRAUNFELS, TX	78130	42,110	

Veh #	Radius of Operation	Business Use	Size GVW, GCW or Vehicle Seating Capacity	Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
051	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
052	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
053	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
054	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
055	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
056	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583
057	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
058	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
059	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583
060	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----			--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
Veh #	Limit	Premium	*Deductible	Premium	Premium	*Deductible	Premium	Limit
051	1,000,000	1,147						
052	1,000,000	1,147						
053	1,000,000	1,147						
054	1,000,000	1,147						
055	1,000,000	1,147						
056	1,000,000	181						
057	1,000,000	1,475						
058	1,000,000	1,475						
059	1,000,000	141						
060	1,000,000	1,475						

-----UNINSURED MOTORISTS-----			--SPECIFIED CAUSES--		--UNINSURED/UNDERINSURED MOTORISTS--		--COMPREHENSIVE--		--OF LOSS--		-----COLLISION-----	
Veh #	Limit	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium
051			1,000	204			1,000	399			1,000	399
052			1,000	204			1,000	399			1,000	399
053			1,000	204			1,000	399			1,000	399
054			1,000	261			1,000	612			1,000	612
055			1,000	226			1,000	444			1,000	444
056			1,000	46			1,000	47			1,000	47
057			1,000	214			1,000	439			1,000	439
058			1,000	245			1,000	603			1,000	603
059												
060			1,000	208			1,000	477			1,000	477

--MEDICAL EXPENSE AND INCOME--  
--LOSS BENEFITS (Virginia Only)--  
Limit stated in Each Medical and Income  
Loss Endorsement for Each Person  
EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss

---TOWING & LABOR---			Limit per Disablement		Premium		Limit		Premium		Total Vehicle Premium	
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium	SEE LOSS PAYEE VEHICLE SCHEDULE						
051					1,750.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
052					1,750.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
053					1,750.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
054					2,020.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
055					1,817.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
056					274.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
057					2,128.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
058					2,323.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
059					141.00	SEE LOSS PAYEE VEHICLE SCHEDULE						
060					2,160.00	SEE LOSS PAYEE VEHICLE SCHEDULE						

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*S=Standard B=Broadened L=Limited

Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

Effective Date: 02/06/2021  
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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
061	2019 6X12 LOADRUNNER TRAILER	4RALS1225KC050628	003 NEW BRAUNFELS, TX	78130	7,000	
062	2019 FORD F150 SUPER CAB	1FTEX1EB4KKD34668	003 NEW BRAUNFELS, TX	78130	45,625	
063	2019 FORD F150 SUPER CAB	1FTEX1EB0KKD34666	003 NEW BRAUNFELS, TX	78130	45,625	
064	2019 FORD F150 SUPERCREW	1FTEW1E47KKD70391	053 NEW BRAUNFELS, TX	78130	58,345	
065	2010 CHEVROLET SILVERADO K2500	1GC4KXB60AF129702	053 NEW BRAUNFELS, TX	78130	38,160	
066	2019 CHEVROLET SILVERADO K3500	1GC4KXEYXKF236528	053 NEW BRAUNFELS, TX	78130	53,400	
067	2018 GMC SIERRA C1500	1GTN1LEC5JZ902146	053 NEW BRAUNFELS, TX	78130	28,705	
068	2018 GMC SIERRA C1500	1GTN1LEC2JZ243961	053 NEW BRAUNFELS, TX	78130	28,705	
069	2018 GMC SIERRA C1500	1GTN1LEC3JZ900136	053 NEW BRAUNFELS, TX	78130	28,705	
070	2019 FLEETWOOD SOUTHWIND 37	1F66F5DY4J0A23016	053 NEW BRAUNFELS, TX	78130		155,289

Veh #	Operation	Radius of Business Use	Zone	Size GVW, GCW or Vehicle Seating Capacity	Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
061	INTERMEDIATE	SERVICE	43		0.1500	0.5500	0.0000	68583
062	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
063	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
064	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
065	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
066	INTERMEDIATE	SERVICE	43		1.3000	0.9000	-0.0500	21583
067	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
068	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
069	INTERMEDIATE	SERVICE	43		1.2500	1.1500	-0.0500	01583
070			43		0.0000	0.0000	0.0000	7961

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----				--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
				--PROTECTION--		--ADDED P.I.P.--		(Michigan Only)	
Veh #	Limit	Premium	*Deductible	Premium	Premium	*Deductible	Premium	Limit	Premium
061	1,000,000	181							
062	1,000,000	1,475							
063	1,000,000	1,475							
064	1,000,000	1,147							
065	1,000,000	1,147							
066	1,000,000	1,195							
067	1,000,000	1,147							
068	1,000,000	1,147							
069	1,000,000	1,147							
070	1,000,000	808							

-----UNINSURED MOTORISTS-----				--SPECIFIED CAUSES--		-----COLLISION-----			
--UNINSURED/UNDERINSURED MOTORISTS--				--COMPREHENSIVE--		--OF LOSS--			
Veh #	Limit	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible
061			1,000	57			1,000	59	
062			1,000	259			1,000	636	
063			1,000	259			1,000	636	
064			1,000	275			1,000	644	
065			1,000	114			1,000	178	
066			1,000	213			1,000	497	
067			1,000	216			1,000	422	
068			1,000	216			1,000	422	
069			1,000	216			1,000	422	
070			5,000	205			5,000	634	

---TOWING & LABOR---				--MEDICAL EXPENSE AND INCOME--		EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss			
				--LOSS BENEFITS (Virginia Only)--					
				Limit stated in Each Medical and Income Loss Endorsement for Each Person					
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium				
061					297.00				
062					2,370.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
063					2,370.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
064					2,066.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
065					1,439.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
066					1,905.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
067					1,785.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
068					1,785.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
069					1,785.00	SEE LOSS PAYEE VEHICLE SCHEDULE			
070					1,647.00	SEE LOSS PAYEE VEHICLE SCHEDULE			

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*S=Standard B=Broadened L=Limited



Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
071	2019 CHEVROLET	SILVERADO K1500 3GCUYAEF8KG230798	053 NEW BRAUNFELS, TX	78130	38,200	
072	2019 CHEVROLET	SILVERADO K1500 3GCUYAEF3KG230790	053 NEW BRAUNFELS, TX	78130	38,200	
073	2020 BIG TEX	TRAILER 16VPX2027L2031055	003 NEW BRAUNFELS, TX	78130	5,265	
074	2019 COMMANDER	TRAILER 53BBTEA1XKR000284	003 NEW BRAUNFELS, TX	78130	5,366	
075	2019 CHEVROLET	SILVERADO LD C1 2GCRCEPC4K1148797	053 NEW BRAUNFELS, TX	78130	39,200	
076	2020 LAND ROVER	RANGE ROVER P52 SALGS5SE9LA582492	053 NEW BRAUNFELS, TX	78130	149,626	
077	2019 GMC	SIERRA K2500 HE 1GT12NEY7KF264097	053 NEW BRAUNFELS, TX	78130	41,900	
078	2015 CHEROKEE CT	TRAV TRAILER 4X4TCKD2XFX119714	053 NEW BRAUNFELS, TX	78130		35,000
079	2020 CHEVROLET	SILVERADO K3500 1GC4YSEY2LF202926	053 NEW BRAUNFELS, TX	78130	42,300	
080	2020 CHEVROLET	SILVERADO K2500 1GC1YNEY7LF200917	053 NEW BRAUNFELS, TX	78130	44,600	

Veh #	Operation	Radius of Business Use	Zone	Size GVW, GCW or Vehicle Seating Capacity		Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
071	INTERMEDIATE	SERVICE	43			1.2500	1.1500	-0.0500	01583
072	INTERMEDIATE	SERVICE	43			1.2500	1.1500	-0.0500	01583
073	INTERMEDIATE	SERVICE	43			0.1500	0.5500	0.0000	68583
074	INTERMEDIATE	SERVICE	43			0.1500	0.5500	0.0000	68583
075	INTERMEDIATE	SERVICE	43			1.2500	1.1500	-0.0500	01583
076	INTERMEDIATE	SERVICE	43			1.2500	1.1500	-0.0500	01583
077	INTERMEDIATE	SERVICE	43			1.2500	1.1500	-0.0500	01583
078			43			0.0000	0.0000	0.0000	7963
079	INTERMEDIATE	SERVICE	43			1.3000	0.9000	-0.0500	21583
080	INTERMEDIATE	SERVICE	43			1.2500	1.1500	-0.0500	01583

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----				--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
				--PROTECTION--		--ADDED P.I.P.--		(Michigan Only)	
Veh #	Limit	Premium	*Deductible	Premium	Premium	*Deductible	Premium	Limit	Premium
071	1,000,000	1,147							
072	1,000,000	1,147							
073	1,000,000	181							
074	1,000,000	181							
075	1,000,000	1,147							
076	1,000,000	1,147							
077	1,000,000	1,147							
078	1,000,000	215							
079	1,000,000	1,195							
080	1,000,000	1,147							

-----UNINSURED MOTORISTS-----				--SPECIFIED CAUSES--		--UNINSURED/UNDERINSURED MOTORISTS--		--COMPREHENSIVE--		--OF LOSS--		-----COLLISION-----	
Veh #	Limit	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible
071			1,000	226			1,000	444					444
072			1,000	226			1,000	444					444
073			1,000	48			1,000	50					50
074			1,000	48			1,000	50					50
075			1,000	226			1,000	444					444
076			2,000	354			2,000	1,363					1,363
077			1,000	275			1,000	644					644
078			1,000	220			1,000	340					340
079			1,000	213			1,000	497					497
080			1,000	275			1,000	644					644

---TOWING & LABOR---				--MEDICAL EXPENSE AND INCOME--		EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss	
				--LOSS BENEFITS (Virginia Only)--			
				Limit stated in Each Medical and Income Loss Endorsement for Each Person			
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium		
071					1,817.00	SEE LOSS PAYEE VEHICLE	SCHEDULE
072					1,817.00	SEE LOSS PAYEE VEHICLE	SCHEDULE
073					279.00		
074					279.00		
075					1,817.00	SEE LOSS PAYEE VEHICLE	SCHEDULE
076					2,864.00	SEE LOSS PAYEE VEHICLE	SCHEDULE
077					2,066.00	SEE LOSS PAYEE VEHICLE	SCHEDULE
078					775.00		
079					1,905.00	SEE LOSS PAYEE VEHICLE	SCHEDULE
080					2,066.00	SEE LOSS PAYEE VEHICLE	SCHEDULE

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*\*S=Standard B=Broadened L=Limited

Insured Name:  
SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

Effective Date: 02/06/2021  
Policy Number: CA 20859800801

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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
081	2020 CHEVROLET SILVERADO K1500	3GCUYAEFXLG295699	053 NEW BRAUNFELS, TX	78130	38,200	
082	2019 EMPIRE CARTO TRAILER	7F81E3027KD004863	053 NEW BRAUNFELS, TX	78130	48,693	

Veh #	Radius of Operation	Business Use	Size GVW, GCW or Vehicle Seating Capacity	Primary Rating Factor - Liability	Primary Rating Factor Physical Damage	Secondary Rating Factor	Class
081	INTERMEDIATE	SERVICE	43	1.2500	1.1500	-0.0500	01583
082	INTERMEDIATE	SERVICE	43	0.1500	0.5500	0.0000	68583

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----		--PERSONAL INJURY -- --PROTECTION--		--PROPERTY PROTECTION-- --ADDED P.I.P.-- (Michigan Only)		--AUTO MEDICAL PAYMENTS--	
Veh #	Limit	Premium	*Deductible	Premium	Premium	*Deductible	Premium
081	1,000,000	1,147					
082	1,000,000	141					

-----UNINSURED MOTORISTS----- --UNINSURED/UNDERINSURED MOTORISTS--		--COMPREHENSIVE--		--SPECIFIED CAUSES-- --OF LOSS--		-----COLLISION-----	
Veh #	Limit	Premium	**Deductible	Premium	**Deductible	Premium	**Deductible
081			1,000	226			1,000
082			1,000	137			1,000

---TOWING & LABOR---		--MEDICAL EXPENSE AND INCOME-- --LOSS BENEFITS (Virginia Only)-- Limit stated in Each Medical and Income Loss Endorsement for Each Person		EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss	
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium
081					1,817.00
082					600.00

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

\*\*Limits stated in ITEM TWO minus deductible shown.

\*\*S=Standard B=Broadened L=Limited

CA DS 71 04 09 06

Issue Date: 02/25/2021

EXHIBIT D



**Commercial Auto Loss Payee Schedule****POLICY NUMBER:** CA 20859800801**POLICY EFFECTIVE DATE:** 02/06/2021**NAMED INSURED** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

See 'Vehicle Schedule of Coverages' for vehicle description, limits and deductibles.

**Veh # Loss Payee Name and Address**

001	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
002	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
019	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
024	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
026	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
027	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
028	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
029	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
031	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
035	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148

**Commercial Auto Loss Payee Schedule****POLICY NUMBER:** CA 20859800801**POLICY EFFECTIVE DATE:** 02/06/2021**NAMED INSURED** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

See 'Vehicle Schedule of Coverages' for vehicle description, limits and deductibles.

**Veh # Loss Payee Name and Address**

036	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
037	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
038	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
042	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
043	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
044	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
046	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
047	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
047	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
050	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148

**Commercial Auto Loss Payee Schedule****POLICY NUMBER:** CA 20859800801**POLICY EFFECTIVE DATE:** 02/06/2021**NAMED INSURED** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

See 'Vehicle Schedule of Coverages' for vehicle description, limits and deductibles.

**Veh # Loss Payee Name and Address**

051	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
052	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
053	TEXSTAR NATIONAL BANK 600 PAT BOOKER ROAD UNIVERSAL CITY, TX 78148
054	FORD MOTOR CREDIT. PO BOX 165704 ATLANTA, GA 30348
054	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
055	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
057	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
058	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
060	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
062	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148

**Commercial Auto Loss Payee Schedule****POLICY NUMBER:** CA 20859800801**POLICY EFFECTIVE DATE:** 02/06/2021**NAMED INSURED** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

See 'Vehicle Schedule of Coverages' for vehicle description, limits and deductibles.

**Veh # Loss Payee Name and Address**

063	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
064	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
065	ALLY BANK P O BOX 8102 COCKEYSVILLE, MD 21030
066	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
067	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
068	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
069	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
070	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
071	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148
072	TEXSTAR NATIONAL BANK 600 PAT BOOKER RD UNIVERSAL CITY, TX 78148

## Commercial Auto Loss Payee Schedule

**POLICY NUMBER:** CA 20859800801

**POLICY EFFECTIVE DATE:** 02/06/2021

**NAMED INSURED** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

See 'Vehicle Schedule of Coverages' for vehicle description, limits and deductibles.

**Veh # Loss Payee Name and Address**

075      TEXSTAR NATIONAL BANK  
          600 PAT BOOKER ROAD  
          UNIVERSAL CITY, TX 78148

076      TEXSTAR NATIONAL BANK  
          600 PAT BOOKER ROAD  
          UNIVERSAL CITY, TX 78148

077      TEXSTAR NATIONAL BANK  
          600 PAT BOOKER ROAD  
          UNIVERSAL CITY, TX 78148

079      TEXSTAR NATIONAL BANK  
          600 PAT BOOKER ROAD  
          UNIVERSAL CITY, TX 78148

080      TEXSTAR NATIONAL BANK  
          600 PAT BOOKER ROAD  
          UNIVERSAL CITY, TX 78148

081      TEXSTAR NATIONAL BANK  
          600 PAT BOOKER ROAD  
          UNIVERSAL CITY, TX 78148

Hired or Borrowed Auto Schedule

POLICY NUMBER: CA 20859800801 EFFECTIVE DATE: 02/06/2021  
NAMED INSURED: SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

ST	Coverage	Estimated Cost of Hire	Limit	Deductible	Premium
TX	OTHER THAN PUBLIC TRANSPORTATION - HIRED AUTOS - LIABILITY - INSURED PROVIDING PRIMARY INSURANCE		1,000,000		91

Non - Ownership Schedule

POLICY NUMBER: CA 20859800801 EFFECTIVE DATE: 02/06/2021  
NAMED INSURED: SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

ST	Coverage	Limit	Deductible
TX	NON-OWNERSHIP - OTHER THAN SOCIAL SERVICE AGENCY RISK - LIABILITY	\$1,000,000	

IL 00 17 11 98

## COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.



IL 00 21 09 08

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY

**1. The insurance does not apply:**

**A. Under any Liability Coverage, to "bodily injury" or "property damage":**

- (1)** With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2)** Resulting from the "hazardous properties" of "nuclear material" and with respect to which **(a)** any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or **(b)** the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

**B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.**

**C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:**

- (1)** The "nuclear material" **(a)** is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or **(b)** has been discharged or dispersed therefrom;
- (2)** The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
- (3)** The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion **(3)** applies only to "property damage" to such "nuclear facility" and any property thereat.

**2. As used in this endorsement:**

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

**(c)** Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

**(d)** Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTICE OF CANCELLATION, NONRENEWAL OR MATERIAL CHANGE – THIRD PARTY**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL UMBRELLA LIABILITY COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM  
TRUCKERS COVERAGE FORM

Subject to the cancellation provisions of the Coverage Form to which this endorsement is attached, we will not:

1. Cancel;
2. Nonrenew; or,
3. Materially change (reduce or restrict)

this Coverage Form, except for nonpayment of premium, until we provide at least 30 days written notice of such cancellation, nonrenewal or material change. Written notice will be to the person or organization named in the Schedule. Such notice will be by certified mail with return receipt requested.

**This notification of cancellation, nonrenewal or material change to the person or organization named in the Schedule is intended as a courtesy only.** Our failure to provide such notification will not:

1. Extend any Coverage Form cancellation date;
2. Negate the cancellation as to any insured or any certificate holder;
3. Provide any additional insurance that would not have been provided in the absence of this endorsement;  
or
4. Impose liability of any kind upon us.

This endorsement does not entitle the person or organization named in the Schedule to any benefits, rights or protection under this Coverage Form.

### **SCHEDULE**

#### **Name Of Person Or Organization**

Any person or organization holding a certificate of insurance issued for you, provided the certificate:

1. Refers to this policy;
2. States that notice of:
  - a. Cancellation;
  - b. Nonrenewal; or
  - c. Material change reducing or restricting coverage;will be provided to that person or organization;
3. Is in effect at the time of the:
  - a. Cancellation;
  - b. Nonrenewal; or
  - c. Material change reducing or restricting coverage; and
4. Is on file at your agent or broker's office for this policy

#### **Mailing Address**

The address shown for that person or organization in that certificate of insurance

COMMERCIAL AUTO  
CA 00 01 10 13**BUSINESS AUTO COVERAGE FORM**

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

**SECTION I – COVERED AUTOS**

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

**A. Description Of Covered Auto Designation Symbols**

<b>Symbol</b>	<b>Description Of Covered Auto Designation Symbols</b>	
<b>1</b>	Any "Auto"	
<b>2</b>	Owned "Autos" Only	Only those "autos" you own (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.
<b>3</b>	Owned Private Passenger "Autos" Only	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.
<b>4</b>	Owned "Autos" Other Than Private Passenger "Autos" Only	Only those "autos" you own that are not of the private passenger type (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.
<b>5</b>	Owned "Autos" Subject To No-fault	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.
<b>6</b>	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
<b>7</b>	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
<b>8</b>	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
<b>9</b>	Non-owned "Autos" Only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.
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## B. Owned Autos You Acquire After The Policy Begins

1. If Symbols **1, 2, 3, 4, 5, 6** or **19** are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
2. But, if Symbol **7** is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
  - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
  - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

## C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

If Covered Autos Liability Coverage is provided by this Coverage Form, the following types of vehicles are also covered "autos" for Covered Autos Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
  - a. Breakdown;
  - b. Repair;
  - c. Servicing;
  - d. "Loss"; or
  - e. Destruction.

## SECTION II – COVERED AUTOS LIABILITY COVERAGE

### A. Coverage

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Covered Autos Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

### 1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:

- (1) The owner or anyone else from whom you hire or borrow a covered "auto".

This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.



- (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
  - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
  - (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
  - (5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

## 2. Coverage Extensions

### a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

### b. Out-of-state Coverage Extensions

While a covered "auto" is away from the state where it is licensed, we will:

- (1) Increase the Limit of Insurance for Covered Autos Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

## B. Exclusions

This insurance does not apply to any of the following:

### 1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

### 2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

### 3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

#### 4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
  - (1) Employment by the "insured"; or
  - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph **a.** above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the Coverage Form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

#### 5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of Paragraph **a.** above.

#### 6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

#### 7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or

- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

#### 8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

#### 9. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- a. Any equipment listed in Paragraphs **6.b.** and **6.c.** of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to or part of a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

#### 10. Completed Operations

"Bodily injury" or "property damage" arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph **a.** or **b.** above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed;
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site; or
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

## 11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
  - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
  - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
  - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph **a.** above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs **6.b.** and **6.c.** of the definition of "mobile equipment".

Paragraphs **b.** and **c.** above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

## 12. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

## 13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

## C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations.



All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

### **SECTION III – PHYSICAL DAMAGE COVERAGE**

#### **A. Coverage**

1. We will pay for "loss" to a covered "auto" or its equipment under:

- a. **Comprehensive Coverage**

From any cause except:

- (1) The covered "auto's" collision with another object; or
    - (2) The covered "auto's" overturn.

- b. **Specified Causes Of Loss Coverage**

Caused by:

- (1) Fire, lightning or explosion;
    - (2) Theft;
    - (3) Windstorm, hail or earthquake;
    - (4) Flood;
    - (5) Mischief or vandalism; or
    - (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

- c. **Collision Coverage**

Caused by:

- (1) The covered "auto's" collision with another object; or
    - (2) The covered "auto's" overturn.

2. **Towing**

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

### **3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles**

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

### **4. Coverage Extensions**

- a. **Transportation Expenses**

We will pay up to \$20 per day, to a maximum of \$600, for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

- b. **Loss Of Use Expenses**

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicates that Comprehensive Coverage is provided for any covered "auto";
    - (2) Specified Causes Of Loss only if the Declarations indicates that Specified Causes Of Loss Coverage is provided for any covered "auto"; or

- (3) Collision only if the Declarations indicates that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

## B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

### a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

### b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.

3. We will not pay for "loss" due and confined to:

- a. Wear and tear, freezing, mechanical or electrical breakdown.
- b. Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

4. We will not pay for "loss" to any of the following:

- a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.

- b. Any device designed or used to detect speed-measuring equipment, such as radar or laser detectors, and any jamming apparatus intended to elude or disrupt speed-measuring equipment.

- c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.

- d. Any accessories used with the electronic equipment described in Paragraph c. above.

5. Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

- a. Permanently installed in or upon the covered "auto";
- b. Removable from a housing unit which is permanently installed in or upon the covered "auto";
- c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or
- d. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

6. We will not pay for "loss" to a covered "auto" due to "diminution in value".

## C. Limits Of Insurance

1. The most we will pay for:

- a. "Loss" to any one covered "auto" is the lesser of:

- (1) The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- (2) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

- b. All electronic equipment that reproduces, receives or transmits audio, visual or data signals in any one "loss" is \$1,000, if, at the time of "loss", such electronic equipment is:

- (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;

(2) Removable from a permanently installed housing unit as described in Paragraph b.(1) above; or

(3) An integral part of such equipment as described in Paragraphs b.(1) and b.(2) above.

2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".

3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

#### **D. Deductible**

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

### **SECTION IV – BUSINESS AUTO CONDITIONS**

The following conditions apply in addition to the Common Policy Conditions:

#### **A. Loss Conditions**

##### **1. Appraisal For Physical Damage Loss**

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

##### **2. Duties In The Event Of Accident, Claim, Suit Or Loss**

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
  - (1) How, when and where the "accident" or "loss" occurred;

(2) The "insured's" name and address; and

(3) To the extent possible, the names and addresses of any injured persons and witnesses.

b. Additionally, you and any other involved "insured" must:

(1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.

(2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".

(3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".

(4) Authorize us to obtain medical records or other pertinent information.

(5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

c. If there is "loss" to a covered "auto" or its equipment, you must also do the following:

(1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.

(2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.

(3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.

(4) Agree to examinations under oath at our request and give us a signed statement of your answers.

##### **3. Legal Action Against Us**

No one may bring a legal action against us under this Coverage Form until:

a. There has been full compliance with all the terms of this Coverage Form; and

b. Under Covered Autos Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

#### 4. Loss Payment – Physical Damage Coverages

At our option, we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

#### 5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

### B. General Conditions

#### 1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this Coverage Form.

#### 2. Concealment, Misrepresentation Or Fraud

This Coverage Form is void in any case of fraud by you at any time as it relates to this Coverage Form. It is also void if you or any other "insured", at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This Coverage Form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this Coverage Form.

#### 3. Liberalization

If we revise this Coverage Form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

#### 4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this Coverage Form.

#### 5. Other Insurance

- a. For any covered "auto" you own, this Coverage Form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Covered Autos Liability Coverage this Coverage Form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own; or
- (2) Primary while it is connected to a covered "auto" you own.

- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

- c. Regardless of the provisions of Paragraph a. above, this Coverage Form's Covered Autos Liability Coverage is primary for any liability assumed under an "insured contract".

- d. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

#### 6. Premium Audit

- a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.



**7. Policy Period, Coverage Territory**

Under this Coverage Form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;
- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if a covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less,

provided that the "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada, or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

**8. Two Or More Coverage Forms Or Policies Issued By Us**

If this Coverage Form and any other Coverage Form or policy issued to you by us or any company affiliated with us applies to the same "accident", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

**SECTION V – DEFINITIONS**

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means:
  1. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or

2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these.
- D. "Covered pollution cost or expense" means any cost or expense arising out of:

1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
  - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
  - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
  - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph **a.** above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph **6.b.** or **6.c.** of the definition of "mobile equipment".

Paragraphs **b.** and **c.** above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

- E.** "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F.** "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G.** "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H.** "Insured contract" means:
  1. A lease of premises;
  2. A sidetrack agreement;
  3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
  4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;

5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or
6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a.** That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
- b.** That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
- c.** That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- I.** "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- J.** "Loss" means direct and accidental loss or damage.
- K.** "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
  1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
  2. Vehicles maintained for use solely on or next to premises you own or rent;
  3. Vehicles that travel on crawler treads;

4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
  - a. Power cranes, shovels, loaders, diggers or drills; or
  - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;
5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
  - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
  - b. Cherry pickers and similar devices used to raise or lower workers; or
6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
  - a. Equipment designed primarily for:
    - (1) Snow removal;
    - (2) Road maintenance, but not construction or resurfacing; or
    - (3) Street cleaning;
  - b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
  - c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

- L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- M. "Property damage" means damage to or loss of use of tangible property.
- N. "Suit" means a civil proceeding in which:
  1. Damages because of "bodily injury" or "property damage"; or
  2. A "covered pollution cost or expense";
 to which this insurance applies, are alleged.  
 "Suit" includes:
  - a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
  - b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.
- O. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- P. "Trailer" includes semitrailer.

COMMERCIAL AUTO  
CA 01 96 10 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****TEXAS CHANGES**

For a covered "auto" licensed or principally garaged in Texas, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. Changes In Physical Damage Coverage**

1. The following exclusion is added to Paragraph

**B. Exclusions** in the **Physical Damage Coverage** section:

We will not pay for "loss" due to or as a consequence of a seizure of a covered "auto" by federal or state law enforcement officers as evidence in a case against you under the Texas Controlled Substances Act or the federal Controlled Substances Act if you are convicted in such case.

2. Paragraphs **C.2.** and **C.3.** of the **Limit Of Insurance** provision under **Physical Damage Coverage** do not apply.

3. Paragraph **D. Deductible** in the **Physical Damage Coverage** section is amended by the addition of the following:

At the mutual agreement of you and us, we will not apply the deductible to "loss" to glass, if the glass is repaired rather than replaced.

**B. Changes In Conditions**

The following condition is added:

**Claim-handling Procedures**

1. Within 15 days after we receive written notice of a claim, we will:
  - a. Acknowledge receipt of the claim. If we do not acknowledge receipt of the claim in writing, we will keep a record of the date, method and content of the acknowledgment;
  - b. Begin any investigation of the claim; and

- c. Specify the information you must provide in accordance with Paragraph **b.** of the Duties Condition.

We may request more information at a later date, if during the investigation of the claim such additional information is necessary.

2. After we receive the information we request, we will notify you in writing as to whether:

- a. The claim will be paid;
- b. The claim has been denied, and inform you of the reasons for denial;
- c. More information is necessary; or
- d. We need additional time to reach a decision. If we need additional time, we will inform you of the reasons for such need.

We will provide notification, as described in **2.a.** through **2.d.** above, within:

- a. 15 "business days"; or
- b. 30 days if we have reason to believe the "loss" resulted from arson.

If we have notified you that we need additional time to reach a decision, we must then either approve or deny the claim within 45 days of such notice.

3. If a claim results from a weather-related catastrophe or a major natural disaster as defined by the Texas Department of Insurance, the claim-handling deadlines described above are extended for an additional 15 days.
4. If we notify you that we will pay your claim, or part of your claim, we will pay within five "business days" after we notify you.



However, if payment of the claim or part of the claim is conditioned on your compliance with any of the terms under this Policy, we will make payment within five "business days" after the date you have complied with such terms.

**5.** We will notify the first Named Insured in writing of:

- a.** An initial offer to settle a claim made or "suit" brought against any "insured" under Covered Autos Liability Coverage of this Policy. The notice will be given no later than the 10th day after the date on which the offer is made.
- b.** Any settlement of a claim made or "suit" brought against the "insured" under Covered Autos Liability Coverage of this Policy. The notice will be given not later than the 30th day after the date of settlement.

As used in this condition, "business day" means a day other than Saturday, Sunday or a holiday recognized by the state of Texas.

**C. Changes In Uninsured/Underinsured Motorists Coverage**

All references to "Uninsured Motorists Coverage" in the title or text of any Coverage Form or endorsement thereto are changed to read "Uninsured/Underinsured Motorists Coverage".

**D. Changes In Trailer Interchange Coverage**

The following exclusion is added to Paragraph **B. Exclusions of Section III – Trailer Interchange Coverage** in the Motor Carrier Coverage Form and to Paragraph **B.2. Exclusions** of the Motor Carrier Endorsement if attached:

**Texas Controlled Substance Act**

We will not pay for "loss" due to or as a consequence of a seizure of a covered "auto" by federal or state law enforcement officers as evidence in a case against you under the Texas Controlled Substances Act or the federal Controlled Substances Act if you are convicted in such case.

**E. Changes In Garagekeepers Coverage**

If the Garagekeepers Coverage Endorsement or the Garagekeepers Coverage – Customers' Sound-receiving Equipment endorsement is attached, the following exclusion is added:

**Texas Controlled Substance Act**

We will not pay for "loss" due to or as a consequence of a seizure of a covered "auto" by federal or state law enforcement officers as evidence in a case against you under the Texas Controlled Substances Act or the federal Controlled Substances Act if you are convicted in such case.

COMMERCIAL AUTO  
CA 02 43 11 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****TEXAS CHANGES –  
CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. Paragraphs 2. and 5. of the Cancellation Common Policy Condition contained in Endorsement IL 00 17 are replaced by the following:****2. We may cancel this policy:**

- a.** By mailing or delivering to the first Named Insured written notice of cancellation, stating the reason for cancellation, at least 10 days before the effective date of cancellation.
- b.** For the following reasons, if this policy does not provide coverage to a governmental unit, as defined under 28 TEX. ADMIN. CODE, Section 5.7001:
  - (1)** If this policy has been in effect for 60 days or less, we may cancel for any reason except, that under the provisions of the Texas Insurance Code, we may not cancel this policy solely because the policyholder is an elected official.
  - (2)** If this policy has been in effect for more than 60 days, or if it is a renewal or continuation of a policy issued by us, we may cancel only for one or more of the following reasons:
    - (a)** Fraud in obtaining coverage;
    - (b)** Failure to pay premiums when due;
    - (c)** An increase in hazard within the control of the insured which would produce an increase in rate;
    - (d)** Loss of reinsurance covering all or part of the risk covered by the policy; or

- (e)** If we have been placed in supervision, conservatorship or receivership and the cancellation is approved or directed by the supervisor, conservator or receiver.

**c.** For the following reasons, if this policy provides coverage to a governmental unit, as defined under 28 TEX. ADMIN. CODE, Section 5.7001:

- (1)** If this policy has been in effect for less than 90 days, we may cancel this policy for any reason.
- (2)** If this policy has been in effect for 90 days or more, or if it is a renewal or continuation of a policy issued by us, we may cancel this policy, only for the following reasons:
  - (a)** If the first Named Insured does not pay the premium or any portion of the premium when due;
  - (b)** If the Texas Department of Insurance determines that continuation of this policy would result in violation of the Texas Insurance Code or any other law governing the business of insurance in Texas;
  - (c)** If the Named Insured submits a fraudulent claim; or
  - (d)** If there is an increase in the hazard within the control of the Named Insured which would produce an increase in rate.

5. If this policy is canceled, we will send the first Named Insured any premium refund due. The refund will be pro rata, subject to the policy minimum premium. The cancellation will be effective even if we have not made or offered a refund.

**B. The following condition is added:**

**Nonrenewal**

1. We may elect to renew this policy except that under the provisions of the Texas Insurance Code, we may not refuse to renew this policy solely because the policyholder is an elected official.
2. If we elect not to renew this policy, we may do so by mailing or delivering to the first Named Insured, at the last mailing address known to us, written notice of nonrenewal, stating the reason for nonrenewal, at least 60 days before the expiration date. If notice is mailed or delivered less than 60 days before the expiration date, this policy will remain in effect until the 61st day after the date on which the notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the expiration date will be computed pro rata based on the previous year's premium.

POLICY NUMBER: CA 20859800801

COMMERCIAL AUTO  
CA 04 01 10 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****TEXAS STATED AMOUNT INSURANCE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
 BUSINESS AUTO COVERAGE FORM  
 MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

**Endorsement Effective Date:** 02/06/2021

**SCHEDULE**

The insurance provided by this endorsement is reduced by the following deductible(s):			
Vehicle Number	Coverage	Limit Of Insurance And Deductible	Premium
040	COLLISION	\$ 35,000 Limit Of Insurance	\$340.00
		\$ 1,000 Deductible	
040	COMP	\$ 35,000 Limit Of Insurance	\$220.00
		\$ 1,000 Deductible	
041	COLLISION	\$ 35,000 Limit Of Insurance	\$340.00
		\$ 1,000 Deductible	
		Total Premium	\$2,519.00

**NOTE:**

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limits Of Insurance and Deductible provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

A. This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".

B. For a covered "auto" described in the Schedule, **Physical Damage Coverage – Limit Of Insurance** is replaced by the following:

**Limit Of Insurance**

The most we will pay for any one "loss" to any one covered "auto" is the least of the following amounts:

1. The actual cash value of the damaged or stolen property as of the time of the "loss";
2. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
3. The Limit Of Insurance shown in the Schedule.

**C. Deductible**

For each covered "auto", our obligation to pay:

1. The actual cash value of the damaged or stolen property at the time of the "loss" will be reduced by the applicable deductible shown in the Schedule.
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality will be reduced by the applicable deductible shown in the Schedule.
3. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit Of Insurance shown in the Schedule.

Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

POLICY NUMBER: CA 20859800801

COMMERCIAL AUTO  
CA 04 01 10 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****TEXAS STATED AMOUNT INSURANCE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
 BUSINESS AUTO COVERAGE FORM  
 MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

**Endorsement Effective Date:** 02/06/2021

**SCHEDULE**

The insurance provided by this endorsement is reduced by the following deductible(s):			
Vehicle Number	Coverage	Limit Of Insurance And Deductible	Premium
041	COMP	\$ 35,000      Limit Of Insurance	\$220.00
		\$ 1,000      Deductible	
070	COLLISION	\$ 155,289      Limit Of Insurance	\$634.00
		\$ 5,000      Deductible	
070	COMP	\$ 155,289      Limit Of Insurance	\$205.00
		\$ 5,000      Deductible	
		Total Premium	\$ 2,519.00

**NOTE:**

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limits Of Insurance and Deductible provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

**A.** This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".

**B.** For a covered "auto" described in the Schedule, **Physical Damage Coverage – Limit Of Insurance** is replaced by the following:

**Limit Of Insurance**

The most we will pay for any one "loss" to any one covered "auto" is the least of the following amounts:

1. The actual cash value of the damaged or stolen property as of the time of the "loss";
2. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
3. The Limit Of Insurance shown in the Schedule.

**C. Deductible**

For each covered "auto", our obligation to pay:

1. The actual cash value of the damaged or stolen property at the time of the "loss" will be reduced by the applicable deductible shown in the Schedule.
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality will be reduced by the applicable deductible shown in the Schedule.
3. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit Of Insurance shown in the Schedule.

Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

POLICY NUMBER: CA 20859800801

COMMERCIAL AUTO  
CA 04 01 10 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****TEXAS STATED AMOUNT INSURANCE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
 BUSINESS AUTO COVERAGE FORM  
 MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI

**Endorsement Effective Date:** 02/06/2021

**SCHEDULE**

The insurance provided by this endorsement is reduced by the following deductible(s):			
Vehicle Number	Coverage	Limit Of Insurance And Deductible	Premium
078	COLLISION	\$ 35,000      Limit Of Insurance	\$340.00
		\$ 1,000      Deductible	
078	COMP	\$ 35,000      Limit Of Insurance	\$220.00
		\$ 1,000      Deductible	
		\$                      Limit Of Insurance	\$
		\$                      Deductible	
		Total Premium	\$2,519.00

**NOTE:**

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limits Of Insurance and Deductible provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		



A. This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".

B. For a covered "auto" described in the Schedule, **Physical Damage Coverage – Limit Of Insurance** is replaced by the following:

**Limit Of Insurance**

The most we will pay for any one "loss" to any one covered "auto" is the least of the following amounts:

1. The actual cash value of the damaged or stolen property as of the time of the "loss";
2. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
3. The Limit Of Insurance shown in the Schedule.

**C. Deductible**

For each covered "auto", our obligation to pay:

1. The actual cash value of the damaged or stolen property at the time of the "loss" will be reduced by the applicable deductible shown in the Schedule.
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality will be reduced by the applicable deductible shown in the Schedule.
3. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit Of Insurance shown in the Schedule.

Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

COMMERCIAL AUTO  
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEXAS PUBLIC OR LIVERY PASSENGER CONVEYANCE,  
TRANSPORTATION NETWORK AND ON-DEMAND  
DELIVERY SERVICES EXCLUSION**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. Changes In Covered Autos Liability Coverage**

The following exclusion is added:

**Public Or Livery Passenger Conveyance,  
Transportation Network And On-demand  
Delivery Services**

This insurance does not apply to any covered "auto" while being used:

1. As a public or livery conveyance for passengers;
2. By an "insured" who is logged into a "transportation network platform" as a driver, whether or not a passenger is "occupying" the covered "auto"; or
3. By an "insured" who is logged into a "delivery network platform" as a driver to provide "delivery services", whether or not the goods, items or products to be delivered are in the covered "auto".

**B. Changes In Physical Damage Coverage**

The following exclusion is added:

We will not pay for "loss" to any covered "autos" while being used:

1. As a public or livery conveyance for passengers;
2. By an "insured" who is logged into a "transportation network platform" as a driver, whether or not a passenger is "occupying" the covered "auto"; or

3. By an "insured" who is logged into a "delivery network platform" as a driver to provide "delivery services", whether or not the goods, items or products to be delivered are in the covered "auto".

**C. Changes In Auto Medical Payments**

If Auto Medical Payments Coverage is attached, then the following exclusion is added:

**Public Or Livery Passenger Conveyance,  
Transportation Network And On-demand  
Delivery Services**

This insurance does not apply to:

"Bodily injury" sustained by an "insured" "occupying" a covered "auto" while being used:

1. As a public or livery conveyance for passengers;
2. By an "insured" who is logged into a "transportation network platform" as a driver, whether or not a passenger is "occupying" the covered "auto"; or
3. By an "insured" who is logged into a "delivery network platform" as a driver to provide "delivery services", whether or not the goods, items or products to be delivered are in the covered "auto".

**D. Changes In Uninsured/Underinsured Motorists Coverage**

If Uninsured/Underinsured Motorists Coverage is attached, then the following exclusion is added:

**Public Or Livery Passenger Conveyance, Transportation Network And On-demand Delivery Services**

This insurance does not apply to any covered "auto" while being used:

1. As a public or livery conveyance for passengers;
2. By an "insured" who is logged into a "transportation network platform" as a driver, whether or not a passenger is "occupying" the covered "auto"; or
3. By an "insured" who is logged into a "delivery network platform" as a driver to provide "delivery services", whether or not the goods, items or products to be delivered are in the covered "auto".

**E. Changes In Personal Injury Protection Coverage**

If Personal Injury Protection Coverage is attached, then the following exclusion is added:

**Transportation Network And On-demand Delivery Services**

This insurance does not apply to any covered "auto" while being used by an "insured" who is logged into a "transportation network platform" as a driver, whether or not a passenger is "occupying" the covered "auto".

**F. Additional Definitions**

As used in this endorsement:

1. "Delivery network platform" means an online-enabled application or digital network, used to connect customers:
  - a. With drivers; or
  - b. With local vendors using drivers; for the purpose of providing prearranged "delivery services" for compensation. A "delivery network platform" does not include a "transportation network platform".
2. "Delivery services" means the delivery of goods, items or products for compensation and includes courier services.
3. "Occupying" means in, upon, getting in, on, out or off.
4. "Transportation network platform" means an online-enabled application or digital network used to connect passengers with drivers using vehicles for the purpose of providing prearranged transportation services for compensation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## TEXAS ADVANTAGE COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the

### BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The premium for this endorsement is \$ \$375.00

#### 1. BROAD FORM INSURED

**SECTION II - LIABILITY COVERAGE, A.1. Who Is An Insured** is amended by the addition of the following:

- d. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or a majority interest, will qualify as a Named Insured. However,
  - (1) Coverage under this provision is afforded only until the end of the policy period;
  - (2) Coverage does not apply to "accidents" or "loss" that occurred before you acquired or formed the organization; and
  - (3) Coverage does not apply to an organization that is an "insured" under any other policy or would be an "insured" but for its termination or the exhausting of its limit of insurance.
- e. Any "employee" of yours using:
  - (1) A covered "auto" you do not own, hire or borrow, or a covered "auto" not owned by the "employee" or a member of his or her household, while performing duties related to the conduct of your business or your personal affairs; or
  - (2) An "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business. However, your "employee" does not qualify as an insured under this paragraph (2) while using a covered "auto" rented from you or from any member of the "employee's" household.
- f. Your members, if you are a limited liability company, while using a covered "auto" you do not own, hire or borrow and while performing duties related to the conduct of your business or your personal affairs.
- g. Any person or organization with whom you agree in a written contract, written agreement or permit, to provide insurance such as is afforded under this policy, but only with respect to your covered "autos".

This provision does not apply:

  - (1) Unless the written contract or agreement is executed or the permit is issued prior to the "bodily injury" or "property damage";
  - (2) To any person or organization included as an insured by an endorsement or in the Declarations; or
  - (3) To any lessor of "autos" unless:
    - (a) The lease agreement requires you to provide direct primary insurance for the lessor;
    - (b) The "auto" is leased without a driver; and

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(c) The lease had not expired.

Leased "autos" covered under this provision will be considered covered "autos" you own and not covered "autos" you hire.

- h. Any legally incorporated organization or subsidiary in which you own more than 50% of the voting stock on the effective date of this endorsement.

This provision does not apply to "bodily injury" or "property damage" for which an "insured" is also an insured under any other automobile policy or would be an insured under such a policy, but for its termination or the exhaustion of its limits of insurance, unless such policy was written to apply specifically in excess of this policy.

## 2. COVERAGE EXTENSIONS - SUPPLEMENTARY PAYMENTS

Under **Section II - LIABILITY COVERAGE, A.2.a. Supplementary Payments**, paragraphs (2) and (4) are deleted and replaced as follows:

- (2) Up to \$2,500 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

## 3. AMENDED FELLOW EMPLOYEE EXCLUSION

Under **SECTION II - LIABILITY COVERAGE, B. EXCLUSIONS**, paragraph 5. **Fellow Employee** is deleted and replaced by the following:

### 5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business. However, this exclusion does not apply to your "employees" that are officers, managers, supervisors or above. Coverage is excess over any other collectible insurance.
- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of paragraph a. above.

## 4. HIRED AUTO PHYSICAL DAMAGE COVERAGE AND LOSS OF USE EXPENSE

- A. Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE**, the following is added:

If any of your owned covered "autos" are covered for Physical Damage, we will provide Physical Damage coverage to "autos" that you or your "employees" hire or borrow, under your name or the "employee's" name, for the purpose of doing your work.

We will provide coverage equal to the broadest physical damage coverage applicable to any covered "auto" shown in the Declarations, Item Three, Schedule of Covered Autos You Own, or on any endorsements amending this schedule.

- B. Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A.4. Coverage Extensions**, paragraph b. **Loss Of Use Expenses** is deleted and replaced with the following:

### b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision, only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";

- (2) Specified Causes of Loss, only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision, only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$30 per day, to a maximum of \$2,000.

**C.** Under **SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance**, paragraph **b.** is replaced by the following:

**b.** For Hired Auto Physical Damage, the following are deemed to be covered "autos" you own:

- 1. Any covered "auto" you lease, hire, rent or borrow; and
- 2. Any covered "auto" hired or rented by your "employees" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto", nor is any "auto" you hire from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

## **5. LOAN OR LEASE GAP COVERAGE**

Under **SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE**, the following is added:

If a covered "auto" is owned or leased and if we provide Physical Damage Coverage on it, we will pay, in the event of a covered total "loss", any unpaid amount due on the lease or loan for a covered "auto", less:

- (a) The amount paid under the Physical Damage Section of the policy; and
- (b) Any:
  - (1) Overdue lease or loan payments including penalties, interest or other charges resulting from overdue payments at the time of the "loss";
  - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - (3) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease;
  - (4) Security deposits not refunded by a lessor; and
  - (5) Carry-over balances from previous loans or leases.

## **6. RENTAL REIMBURSEMENT**

Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A.4. Coverage Extensions**, paragraph **a. Transportation Expenses** is deleted and replaced by the following:

**a. Transportation Expenses**

- (1) We will pay up to \$75 per day to a maximum of \$2,000 for transportation expense incurred by you because of covered "loss". We will pay only for those covered "autos" for which you carry Collision Coverage or either Comprehensive Coverage or Specified Causes of Loss Coverage. We will pay for transportation expenses incurred during the period beginning 24 hours after the covered "loss" and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss". This coverage is in addition to the otherwise applicable coverage you have on a covered "auto". No deductibles apply to this coverage.



- (2) This coverage does not apply while there is a spare or reserve “auto” available to you for your operation.

## **7. AIRBAG COVERAGE**

Under **SECTION III - PHYSICAL DAMAGE, B. EXCLUSIONS**, paragraph **3.** is deleted and replaced by the following:

- 3.** We will not pay for “loss” caused by or resulting from any of the following unless caused by other “loss” that is covered by this insurance:
- (1) Wear and tear, freezing, mechanical or electrical breakdown. However, this exclusion does not include the discharge of an airbag.
  - (2) Blowouts, punctures or other road damage to tires.

## **8. GLASS REPAIR – WAIVER OF DEDUCTIBLE**

**Section III – PHYSICAL DAMAGE COVERAGE, D. Deductible** is amended to add the following:

No deductible applies to glass damage if the glass is repaired rather than replaced.

## **9. COLLISION COVERAGE – WAIVER OF DEDUCTIBLE**

Under **Section III - PHYSICAL DAMAGE COVERAGE, D. Deductible** is amended to add the following:

When there is a loss to your covered “auto” insured for Collision Coverage, no deductible will apply if the loss was caused by a collision with another “auto” insured by us.

## **10. KNOWLEDGE OF ACCIDENT**

Under **SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event Of Accident, Claim, Suit Or Loss**, paragraph **a.** is deleted and replaced by the following:

- a.** You must see to it that we are notified as soon as practicable of an “accident”, claim, “suit” or “loss”. Knowledge of an “accident”, claim, “suit” or “loss” by your “employees” shall not, in itself, constitute knowledge to you unless one of your partners, executive officers, directors, managers, or members (if you are a limited liability company) has knowledge of the “accident”, claim, “suit” or “loss”. Notice should include:
- (1) How, when and where the “accident” or “loss” occurred;
  - (2) The “insured’s” name and address; and
  - (3) To the extent possible, the names and addresses of any injured persons and witnesses.

## **11. TRANSFER OF RIGHTS (BLANKET WAIVER OF SUBROGATION)**

Under **SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions** paragraph **5. Transfer Of Rights Of Recovery Against Others To Us** is deleted and replaced by the following:

### **5. Transfer Of Rights Of Recovery Against Others To Us**

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after “accident” or “loss” to impair them. However, if the “insured” has waived rights to recover through a written contract, or if your work was commenced under a letter of intent or work order, subject to a subsequent reduction in writing with customers whose customary contracts require a waiver, we waive any right of recovery we may have under this Coverage Form.

## 12. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

Under **SECTION IV - BUSINESS AUTO CONDITIONS , B. General Conditions** , paragraph **2. Concealment, Misrepresentation Or Fraud** is amended by the addition of the following:

We will not deny coverage under this Coverage Form if you unintentionally fail to disclose all hazards existing as of the inception date of this policy. You must report to us any knowledge of an error or omission in your representations as soon as practicable after its discovery. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

## 13. BLANKET COVERAGE FOR CERTAIN OPERATIONS IN CONNECTION WITH RAILROADS

When required by written contract or written agreement, the definition of "insured contract" is amended as follows:

— The exception contained in paragraph **H.3.** relating to construction or demolition operations on or within 50 feet of a railroad; and

— Paragraph **H.a.**

are deleted with respect to the use of a covered "auto" in operations for, or affecting, a railroad.



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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BODILY INJURY DEFINITION MODIFICATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

**All other terms, provisions, exclusions, and limitations of the policy apply except as specifically stated below.**

Under the applicable **DEFINITIONS** section, **Item C.** "Bodily injury" is deleted and replaced with the following:

**C.** "Bodily injury"

**1.** Means physical:

- a.** Injury;
- b.** Disability;
- c.** Sickness; or
- d.** Disease;

sustained by a person, including death resulting from any of these at any time.

**2.** Includes mental:

- a.** Anguish;
- b.** Injury;
- c.** Humiliation;
- d.** Fright; or
- e.** Shock;

sustained by a person who has sustained any "bodily injury" described in paragraph **C.1.**, provided that any "bodily injury" described in paragraph **C.2.** results directly from any "bodily injury" described in paragraph **C.1.**

**3.** All "bodily injury" described in paragraph **C.2.** shall be deemed to have occurred at the time the "bodily injury" described in paragraph **C.1.** occurred.

POLICY NUMBER: CA 20859800801

COMMERCIAL AUTO  
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED INSURED - PRIMARY NON-CONTRIBUTORY  
COVERAGE WHEN REQUIRED BY INSURED CONTRACT OR  
CERTIFICATE**

This endorsement modifies insurance provided under the

BUSINESS AUTO COVERAGE FORM

The provisions of the Coverage Form apply unless changed by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insured" under the Who Is An Insured Provision of the Coverage Form.

This endorsement changes the policy on the inception date of the policy, unless another date is shown below.

Endorsement Effective: 02/06/2021	Countersigned By:          (Authorized Representative)
Named Insured: SYSTEM CONTROLS & INSTRUMENTATION, LLC DBA SCI	

(No entry may appear above. If so, information to complete this endorsement is in the Declarations.)

## 1. Section II – Liability Coverage, A. Coverage, 1. Who Is An Insured is amended to add:

Any person or organization with whom you have an "insured contract" which requires:

- i. that person or organization to be added as an "insured" under this policy or on a certificate of insurance; and
- ii. this policy to be primary and non-contributory to any like insurance available to the person or organization.

Each such person or organization is an "insured" for Liability Coverage. They are an "insured" only if that person or organization is an "insured" under in **SECTION II** of the Coverage Form.

The contract between the Named Insured and the person or organization is an "insured contract".

## 2. Section IV – Business Auto Conditions, B. General Conditions, 5. Other Insurance, paragraph d. is deleted and replaced by the following for the purpose of this endorsement only:

- d. When coverage provided under this Coverage Form is also provided under another Coverage Form or policy, we will provide coverage on a primary, non-contributory basis.

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**COMMERCIAL AUTO**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NAMED DRIVER EXCLUSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

This endorsement, effective 02/06/2021 (12:01 A.M., Standard Time), forms a part of:

Policy No.: CA 20859800801

Issued To: SYSTEM CONTROLS & INSTRUMENTATION, LLC  
DBA SCI

By: AMERISURE INSURANCE COMPANY

With respect to insurance afforded by the Coverage Form listed above, we shall not be liable for loss, damages and/or liability caused while the auto described in the Coverage Form listed above or any other auto to which the terms of the Coverage Form listed above are extended is being driven or operated by the following named person:

LAIJAS, CODY

\_\_\_\_\_  
(Name of Person to be Excluded)

In all other respects this policy remains unchanged.

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**EXHIBIT D**

COMMERCIAL AUTO  
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LOSS PAYABLE CLAUSE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
  - B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
  - C.** We may cancel the policy as allowed by the Cancellation Common Policy Condition.
  - D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.
- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy, we will mail you and the loss payee the same advance notice.